

SHICK VOLUNTEER/PARTNER APPLICATION

The Senior Health Insurance Counseling for Kansas (SHICK) program provides free, unbiased, confidential counseling to anyone with questions about Medicare. If you are interested in exploring volunteer/partner opportunities with SHICK, please complete the following application. **Applicants must pass a background check before participation in the SHICK program as a volunteer and/or counselor.**

Because of the potential for conflicts of interest, SHICK Counselors cannot be licensed insurance agents or brokers, or affiliated with insurance agencies. Other agencies or affiliations can require review before one can be approved for SHICK participation.

Applicant's Name: _____

Date: _____ **County:** _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

A. Which of the following SHICK positions interest you? (*Check all that apply*)

- ☐ **Medicare Counselor** – Provides basic information and counseling about Medicare Parts A, B, C, and D. Minimum requirements to be a fully-certified SHICK Counselor include 28 hours of self-study and in-person coursework.
- ☐ **Associate Counselor for Medicare C/D** – Provides information and counseling about Medicare managed care (Part C) and prescription drug plans (Part D). Minimum requirements include 14 hours of self-study and in-person coursework.
- ☐ **Call Center Operator** (available only to volunteers in the Wichita, Lawrence, and Topeka areas) – Answers the statewide SHICK hotline and forwards callers to appropriate area coordinators for assistance. Minimum requirement: must be a fully-certified SHICK Counselor.
- ☐ **Office Assistant** – Provides administrative support including data entry and other clerical duties (generally has limited contact with the public). No Medicare training required.

B. How did you hear about SHICK?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> SHICK presentation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio/TV ad | <input type="checkbox"/> SHICK website | |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newsletter | |

C. Are you fluent in any language other than English (including sign language)?

- ☐ Yes ☐ No

If yes, please list the language(s): _____

D. Skills and Interests (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling volunteers |
| <input type="checkbox"/> Public speaking with large groups | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Partnership Development/Marketing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Volunteer Coordination/Recruitment |
| <input type="checkbox"/> Assisting individuals/One-on-One direct client services | |
| <input type="checkbox"/> Community events coordination/participation | |
| <input type="checkbox"/> Other _____ | |

E. Availability

Hours per month: ☐ 4 or less ☐ 5 to 10 ☐ More than 10

Preferred days and times:

F. Are you licensed and able to drive an automobile? ☐ Yes ☐ No

G. Experience

Are you retired? ☐ Yes ☐ No

If you are working, do you work with people who have Medicare? ☐ Yes ☐ No

If you are working, what kind of work do you do? _____

Are you currently volunteering? ☐ Yes ☐ No

If yes, what type of volunteer activity? _____

H. Please list two references that are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

I. Are you currently affiliated with any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Insurance company, agency, broker, or agent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial planning service or agent (including reverse mortgages) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health insurance claims or billing service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Law firm or legal services organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above, please explain:*

** (Coordinator: Any "yes" response should be forwarded to the SHICK Director for review.)*

J. Why do you want to become a SHICK volunteer or counselor?

K. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a SHICK volunteer is to provide services free of charge to people with Medicare and is not to be used for my personal monetary gain.

Signature: _____ Date: _____

Notice: We will only use your personal information to contact you with requests or information you'll need as a SHICK volunteer/partner. We won't share your contact information outside the SHICK program without your permission unless we're obligated by law to disclose it.

Please mail or fax this form to your local SHICK office at the address below. If blank, call the State SHICK Office at (785) 291-3357.

This is what you can expect to happen next:

- The SHICK Coordinator for your area will review this application.
- The SHICK Coordinator will call you to set up an interview.
- After your interview, SHICK will send you paperwork to submit for a background check.
- When you have passed a background check and are accepted as a SHICK volunteer, you will be received information for the initial self-study coursework and a schedule of the in-person training sessions being offered.
- If you have further questions, please call the coordinator at your local office, or the State SHICK Office at (785) 291-3357.